

Tobacco Industry Scientific Advisors: Serving Society or Selling Cigarettes?

ABSTRACT

According to industry documents, the tobacco industry has executed a "brilliantly conceived" strategy to "creat[e] doubt" in the public's mind about whether cigarette smoking is in fact a serious cause of disease. A component of this strategy has been the funding of scientific research "into the gaps in knowledge in the smoking controversy." Grant review and selection are performed by a group of independent scientists. Knowledgeable observers believe that the existence of this research funding program in general, and the Scientific Advisory Board in particular, is intended by the industry to reinforce doubts in the public mind about the severity of the hazards posed by smoking. Because the Advisory Board has never taken a public stance against the industry's position that the causal relationship between smoking and disease remains unproven, I polled these scientists to determine whether they believed that smoking is a cause of lung cancer. Despite repeated opportunities, only four of 13 board members responded, all affirmatively; two others have expressed their judgment that smoking causes lung cancer in their professional publications. Thus, over half of the Board members, and the Board as a whole, have not gone on record as rejecting the industry's "party line." It might be hoped that the American scientists would follow the lead of the members of a similar body of scientists in Australia who have taken a strong and public stand against the industry position that smoking is not an established cause of disease. (*Am J Public Health*. 1991;81:839-842)

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Introduction

For nearly 40 years, the tobacco industry has maintained that cigarette smoking has not been proven to be a cause of any disease. In what a vice president of the Tobacco Institute characterized as a "brilliantly conceived and executed" strategy, the industry has consciously striven to "creat[e] doubt about the health charge without actually denying it."¹ Tactics have ranged from attempts to define the smoking-and-health "controversy" to publicly distorting the findings of scientific studies linking smoking to disease.²

Another tactic has involved direct sponsorship of biomedical research to lend credibility to the industry's claim that it "remains committed to advancing scientific inquiry into the gaps in knowledge in the smoking controversy."³ Toward this end, in 1954 the industry formed the Tobacco Industry Research Committee (TIRC), renamed the Council for Tobacco Research-U.S.A. (CTR) in 1964, "to provide financial support for research by independent scientists into tobacco use and health."⁴

The public was introduced to this program in early January 1954 in a full-page advertisement run in 448 newspapers in 258 cities, reaching an estimated 43 million Americans. Entitled "A Frank Statement to Cigarette Smokers," the ad said that the industry would sponsor impartial scientific studies on the relationship between smoking and health and would "let the results speak for themselves." The ad assured readers that the tobacco companies "accept an interest in people's health as a basic responsibility, paramount to any other consideration in our business . . .

We always have and always will cooperate with those whose task it is to safeguard the public health."⁵

Readers of the *Journal* need no assistance in evaluating the sincerity of that "frank statement." More than 30 years later, the industry continues to use this sponsorship of research to attempt to create the impression of "scientific controversy," and of the industry's "well-intentioned commitment" to "resolving" the "controversy." This is demonstrated in the following statement from a 1986 publication of the Tobacco Institute:

Industry support of independent research is in excess of \$130 million and has resulted in publication of nearly 2,600 scientific papers. *Eminent scientists believe that questions relating to smoking and health are unresolved*, (emphasis added) and the tobacco industry will make new commitments to help seek answers to those questions.⁴

While the individual components of this statement are literally accurate, the intent and effect of their wording and their juxtaposition are to mislead. The statement implies that the industry's grants support research directed at resolving "questions relating to smoking and health." In the main, this is simply not true. Most CTR-funded grants support biomedical research not related to the health consequences of smoking. In a recent survey of principal investigators funded by CTR grants in 1989, almost 80 percent of respondents indicated that none of their research, current or past,

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examined the health effects of smoking.⁶ Furthermore, the vast majority of industry-supported research that has addressed the health effects of smoking has produced findings consistent with the Surgeon General's conclusion that smoking is a major cause of numerous diseases.^{7,8}

The second sentence of the Tobacco Institute's statement might readily be interpreted to mean that eminent scientists question whether smoking causes disease. While scientists do have questions about the specific mechanisms of causality, there is virtually no disagreement that smoking is a major cause of disease. In the above-mentioned survey of CTR grant recipients, for example, over 90 percent of the respondents concurred with each of the following: "most deaths from lung cancer are caused by smoking"; "smoke from someone else's cigarette is harmful to a non-smoker"; and "cigarette smoking is addictive."⁶

In addition to distorting reality in its printed matter disseminated to the public, the tobacco industry has appealed to its ongoing "commit[ment] to advancing scientific inquiry into the gaps in knowledge in the smoking controversy" in dealing with the media, in presenting congressional testimony, and in defending itself in court against charges of product liability. Examples are noted below.

The industry's use of the CTR grant program raises a number of difficult and troubling questions, including the following: Should scientists directly lend their credibility to the industry by serving as members of its Scientific Advisory Board, the body of independent scientists who perform grant review and selection? As either advisors or recipients of funding, what obligations, if any, do scientists have to the larger society as a result of their involvement in the CTR process? For example, do they have a moral obligation to publicly state their disagreement with the tobacco industry's position that smoking has never been proven to be a cause of any disease? At a purely pragmatic level, does the scientific knowledge generated by CTR-funded research produce social benefits that outweigh the costs of the industry's deceptive public relations use of the process? At the most fundamental level, should researchers accept financial support from an industry that annually knowingly causes the deaths of some 400,000 Americans?⁹

These questions could be the subject of a detailed treatise in the general domain of the ethics of science. I leave that task to others. Rather, my purpose in this paper is

simply to relate, and put into context, the saga of my attempt to poll the members of the Scientific Advisory Board to determine whether or not they believe that smoking causes lung cancer. The experience offers lessons to those who might wish to tackle the more formidable assignment of an ethical analysis of scientists' involvement in tobacco industry-funded research.

Poll Process and Results

Elements of the public might be led by industry statements such as that quoted above to infer that the CTR's Scientific Advisory Board (SAB), representing the broader biomedical science community, shares the industry's "uncertainty" about whether smoking is a true health hazard. Because, as a body, the SAB has never gone on record as rejecting the tobacco industry's position, I wrote to each Board member on August 4, 1987 asking for a yes or no response to the following question:

Do you believe that cigarette smoking causes lung cancer? In answering this question, interpret causality in its lay public meaning. You should respond in the affirmative if you believe that smoking, or any of the components of cigarette smoke, either initiates *or* promotes lung cancer.

I restricted the question to a single disease to make the question specific and to have it address the smoking-related disease the public most fears and most strongly associates with smoking. In addition, the vast body of evidence indicting smoking as a cause of lung cancer is uncontroverted and of long standing.⁷

The 13 Board members were assured anonymity. Two promptly returned affirmative responses through the mail. One other responded affirmatively by phone within a week of the mailing. A fourth responded affirmatively in early September 1987. Of the remaining nine Board members, six refused in writing or by phone to respond to the question; the other three could not be reached following three written communications and repeated phone calls.

To ascertain whether Board members had discussed the relationship between smoking and lung cancer in their professional writing, a MEDLINE literature search was undertaken. The search revealed that two Board members who had declined to answer my inquiry had published their scientific judgment that smoking causes lung cancer. Two of the affirmative respondents to the poll were

also identified as having adopted this position in writing. Consequently, between their direct poll responses and published work, six of the 13 Board members have agreed explicitly that smoking causes lung cancer. Of the remaining seven Board members, none was found to have taken a position on this issue in his published work. Typically, this reflected the fact that the scientist's work had not involved lung cancer.

The response rate to the poll may have been influenced by a communication to each Board member from the office of the Scientific Director of CTR informing the Board that I had been listed as an expert witness in three tobacco product liability lawsuits, including one in which CTR was named as a party. Thereafter, two additional letters to Board members and follow-up phone calls produced no more poll responses, despite renewed assurances of anonymity.* One Board member, who had responded to the poll previously, said, "I don't think there's a guy on that [Board] who doesn't believe that cigarette smoking contributes to an increased risk of lung cancer . . . [W]ithin the ordinary use of language, you've got to say that smoking causes lung cancer." He explained, however, his belief that the members of the Scientific Advisory Board were "terrified" (his word) of involvement in tobacco product liability lawsuits. He lamented a state of affairs in which reputable, well-intentioned scientists would not acknowledge that they believed that smoking causes lung cancer.**

A Broader Context

In the three and a half decades since its formation, the Council for Tobacco Research (and its predecessor, TIRC) has contributed many millions of dollars to research. CTR served as the tobacco industry's liaison on a \$15 million award from the six principal tobacco companies to the

*In the final letter, I informed the Board members that the one trial (not three) for which I had agreed to serve as an expert witness had been completed, the case had not included CTR as a party, and I was not called upon to testify. Subsequently, the first trial was declared a mistrial. I testified at the retrial on September 11, 1990. My testimony did not include mention of this poll.

**Consistent with this Board member's assessment was a phone conversation with another Board member. Each of approximately 20 questions I asked elicited the unvarying reply: "May I just thank you for calling?" He refused to explain why he would not respond to the poll.

American Medical Association Education and Research Foundation (AMA-ERF) for a major study of smoking and disease, initiated in 1964 and culminating in a final report published in 1978.⁸ The industry trumpets the magnitude of its research effort by emphasizing that, "In many years, industry awards exceeded that [sic] of any government department. They have always far exceeded the smoking and health research funding of all voluntary health associations. . . ."⁹ In Congressional testimony in 1982, the then-president of R.J. Reynolds Tobacco Company stated that "the tobacco industry is recognized as a leader in seeking the answers to the questions regarding smoking and health."⁹

Also illustrating the industry's use of the CTR program is a recently concluded cigarette product liability trial in Mississippi.¹⁰ During the trial, the attorneys for the American Tobacco Company placed large charts before the jury identifying prominent universities supported by CTR grants. The attorneys emphasized that many of the supported research projects were also funded by the American Cancer Society, National Cancer Institute, and other major voluntary and governmental research-granting agencies. The tobacco attorneys specifically identified the members of the SAB by name and institutional affiliation, asking witnesses whether or not these were reputable scientists.

At no time did the attorneys state explicitly that the research at issue dealt with the health consequences of smoking; nor did they state explicitly that any of the advisors or funded scientists questioned that smoking was dangerous to health. But the intent of the tactic was clear: to establish "innocence by association," to create at least a modicum of doubt in jurors' minds that the relationship between smoking and disease (in this case, lung cancer) was definitively established; and to do so, in part, by associating the reputable SAB scientists with a search for the "as yet unknown" truth about the role of smoking in lung cancer mortality.

This courtroom experience typifies the industry's broader use of the CTR program. Mentioned nowhere in any industry public relations document is the fact that only a minority of industry-funded research addresses the relationship between smoking and health. Nor has the industry ever acknowledged that the vast majority of its funded research that *does* relate to smoking and health has identified the same disease relationships identified in tens of thousands of studies funded by other sources.¹¹ This includes the findings

of the AMA-ERF study, which produced nearly 800 research reports and indicted smoking as a cause of lung cancer, chronic obstructive pulmonary disease, and coronary disease.⁸

To many knowledgeable observers, the tobacco industry's funding of scientific research represents an investment not in science, but rather in public relations. This was the conclusion of US District Court Judge H. Lee Sarokin, who presided over a prominent cigarette product liability lawsuit in New Jersey. Judge Sarokin wrote that, based on the evidence presented at trial, "the jury could reasonably conclude that the creation of [the Tobacco Industry Research Committee/Council for Tobacco Research] and the work performed was nothing but a hoax created for public relations purposes with [the industry having] no intention of seeking the truth or publishing it." He concluded, also, that there was sufficient evidence for the jury to find that "the industry . . . entered into a sophisticated conspiracy . . . organized to refute, undermine, and neutralize information coming from the scientific and medical community and, at the same time, to confuse and mislead the consuming public in an effort to encourage existing smokers to continue and new persons to commence smoking."¹²

The CTR program is part of a broader public relations campaign that has achieved notable success in misleading and deceiving the public. Survey research has consistently found that while Americans recognize smoking as hazardous to health, they greatly underestimate the dangers of smoking, both in absolute terms and relative to other health hazards.⁷ In one poll, for example, lay respondents placed "not smoking" tenth among the nation's health and safety priorities. (Health professionals placed it first.) The lay respondents ranked "having smoke detectors in the home" six priorities higher in fourth position,⁷ despite the fact that home fires claim about 6,000 lives per year, while cigarettes annually kill 400,000 Americans. Ironically, the most important cause of home fire deaths is the cigarette.¹³

Short of a universal rejection of CTR funding by researchers—an outcome that certainly cannot be anticipated—the scientific community has limited options with which to combat the cynical tobacco industry campaign. A clear exception, however, lies within the ready grasp of the CTR Scientific Advisory Board. Woven into the very fabric of the industry research funding process, the Board has the

ability—some would say obligation—to publicly distance itself (and thereby the scientific community, which it represents in the public mind) from the industry's persistent assertion that doubt remains as to whether smoking is dangerous to health.

Is the CTR Scientific Advisory Board, through its collective silence on the health consequences of smoking, inadvertently contributing to misleading the public? A US Senator suggested this possibility nearly 30 years ago. In 1963, Senator Maurine Neuberger characterized development of the Tobacco Industry Research Committee as follows:

The creation of the TIRC, the brainchild of [a] resourceful public relations firm . . . was a stroke of ingenuity. By offering as bait millions of dollars of sorely needed research funds, the industry was able to attract scientists of unimpeachable integrity to serve on a . . . Scientific Advisory Board. As responsible as these . . . men were, they nevertheless served the industry's purpose of associating eminent scientists with the industry position that the relationship between smoking and disease had not yet been proved.¹⁴

Recognizing this possibility, the Australian equivalent of the Scientific Advisory Board recently dissociated itself from the industry position, publicly and collectively. Writing in the *Medical Journal of Australia*, the panel of scientific advisors to the industry-funded Australian Tobacco Research Foundation stated, unequivocally, that

The members of the Scientific Advisory Committee are unanimous in believing that smoking is an important causative factor in several major diseases . . . [W]e strongly endorse the view that the public should be fully informed about the risk in smokers, and we fully support any measures, which are consistent with the liberty of the individual, that are designed to reduce smoking.¹⁵

Clearly, there must be considerable sympathy for this scientific position within the American Scientific Advisory Board. Among the six SAB members who have individually gone on record through their responses to my query or through their published work, there is unanimous agreement that cigarette smoking causes lung cancer. But seven of their SAB colleagues have not expressed their scientific judgments through either of these vehicles, and the Board as a whole has never issued a statement about whether or not it supports the "party line" of the industry to which it provides scientific advice.

Perhaps the Board members should not be faulted for their failure to respond to my query. The message communicated to the Board members by the office of the Scientific Director of CTR may have seemed sufficiently threatening to discourage a poll response that selected Board members otherwise might have volunteered. In addition, quite independent of that communication, some members may have found my approach to this matter, or the reason for my interest, offensive, and thus decided on these grounds not to respond.

Regardless of their individual motivations, however, these scientists lend their names and credibility to a conscious tobacco industry strategy to use sponsorship of scientific research to sow doubts in the minds of the public about the dangers of cigarette smoking. As such, it might be hoped that the CTR Scientific Advisory Board would muster up the courage to take a strong public collective stand, as have their Australian colleagues, to distance themselves, as scientists, from the insidious, cynical, and misleading—and perhaps “brilliant”—public relations role played by industry funding of research. □

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An Editor Search Committee is actively seeking a replacement for Dr. Michel Ibrahim, who has announced his resignation as Editor of this Journal, effective January 1, 1992. The six-member search committee welcomes and solicits nominations and recommendations from the APHA membership and leadership to assist them in identifying the best available individual for this important salaried position. Nominations and statements of interest should be submitted by August 20, 1991; the committee will meet several times to consider suggestions, applications, and support materials of potential candidates.

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